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# ***COURT OF APPEAL, FIRST APPELLATE DISTRICT MEDIATOR APPLICATION***

*(Attach your resume and any additional pages)*

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Name		
Firm or Agency		
Street or P.O. Box		
City or Town	County	Zip Code
Phone	Fax	E-mail

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1. Describe your education, including degrees and the dates received.
2. Describe any mediation training you have received. *For each training, give the trainer's name, the dates attended, and the total hours.*
3. Describe the *subject matter* of five disputes for which you have been a mediator in the past five years, with the dates. *Do not give the names of the parties. State whether you were a sole mediator or a co-mediator.*
  - A.
  - B.
  - C.
  - D.
  - E.
4. List other court mediation panels of which you are a member.
5. State the name of any organization for which you have provided mediation services during the past five years.

**6. Check your areas of substantive expertise:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Attorney's Fees    | <input type="checkbox"/> Family Law            | <input type="checkbox"/> Partnership             |
| <input type="checkbox"/> Business /Contract | <input type="checkbox"/> Health Care           | <input type="checkbox"/> Personal Injury         |
| <input type="checkbox"/> Construction       | <input type="checkbox"/> Housing               | <input type="checkbox"/> Probate                 |
| <input type="checkbox"/> Defamation         | <input type="checkbox"/> Insurance             | <input type="checkbox"/> Professional Negligence |
| <input type="checkbox"/> Eminent Domain     | <input type="checkbox"/> Intellectual Property | <input type="checkbox"/> Public Entity           |
| <input type="checkbox"/> Employment/Labor   | <input type="checkbox"/> Landlord/Tenant       | <input type="checkbox"/> Real Estate             |
| <input type="checkbox"/> Environment        | <input type="checkbox"/> Medical Malpractice   | <input type="checkbox"/> Securities              |

**Other (specify):** \_\_\_\_\_

**7. If you are an attorney, what is your State Bar No.?** \_\_\_\_\_

**8. How many years have you been in active practice?** \_\_\_\_\_ **If none, please explain.**

**9. What is or was the nature of your practice?**

**10. Are you certified in any specialty? If so, please list.**

**11. What percentage of your practice has been representing plaintiffs** \_\_\_\_\_ **defendants** \_\_\_\_\_?

**12. How many of the following have you completed in the past five years?:**

Jury trials \_\_\_\_\_ Court trials \_\_\_\_\_ Arbitrations \_\_\_\_\_ Appeals \_\_\_\_\_

**13. Describe your appellate experience.**

**14. Is your mediation style facilitative or evaluative/directive?**

**15. List any languages, other than English, in which you can conduct a mediation.**

**16. Describe your normal fee schedule, including any sliding-scale or pro-bono provisions.**

**17. State any other information that should be considered in respect to your application.**

18. List the names and telephone numbers of three persons familiar with your mediation or appellate skills, indicating which applies.

Name	Phone	( ) Mediation	( ) Appellate
Name	Phone	( ) Mediation	( ) Appellate
Name	Phone	( ) Mediation	( ) Appellate

*Please read and sign the following agreement:*

- A. In consideration of the free appellate mediation training to be provided by the Court, I agree to accept up to four mediation referrals.
- B. I agree to be bound by the Court's mediation rules and procedures.
- C. I agree to waive any and all claims against the Court in connection with my mediation of any Court-referred dispute.
- D. I agree to adhere to the ethical standards for mediators adopted by the Court.
- E. (*For attorneys*) I am in good standing with the State Bar of California.

Date: \_\_\_\_\_ Name (*print:*) \_\_\_\_\_

Signature: \_\_\_\_\_

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**MAIL THIS APPLICATION YOUR RESUME, AND ANY OTHER ATTACHMENTS TO:  
JOHN TOKER, MEDIATION PROGRAM ADMINISTRATOR  
COURT OF APPEAL, FIRST APPELLATE DISTRICT  
350 McALLISTER STREET  
SAN FRANCISCO, CA 94102**

***OR FAX TO 415-865-7374***

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